

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	M4065.0669/P669
	First Inventor	Chandra Mouli
	Title	METHOD AND APPARATUS FOR REDUCING EFFECTS OF DARK CURRENT AND DEFECTIVE PIXELS IN AN IMAGING DEVICE
	Express Mail Label No.	

10/603796
06/26/03

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450											
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 27] <i>(preferred arrangement set forth below)</i> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings <i>(if filed)</i> - Detailed Description - Claim(s) - Abstract of the Disclosure		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i> 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies											
ACCOMPANYING APPLICATIONS PARTS <table border="0"> <tr> <td>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</td> <td>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [when there is an assignee] <input checked="" type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></td> <td>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>13. <input type="checkbox"/> Preliminary Amendment</td> <td>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></td> </tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></td> <td>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). [Applicant must attach form PTO/SB/35 or its equivalent.]</td> </tr> <tr> <td>17. <input type="checkbox"/> Other: []</td> <td></td> </tr> </table>				9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [when there is an assignee] <input checked="" type="checkbox"/> Power of Attorney	11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	13. <input type="checkbox"/> Preliminary Amendment	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). [Applicant must attach form PTO/SB/35 or its equivalent.]	17. <input type="checkbox"/> Other: []	
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [when there is an assignee] <input checked="" type="checkbox"/> Power of Attorney												
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>	12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations												
13. <input type="checkbox"/> Preliminary Amendment	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>												
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). [Applicant must attach form PTO/SB/35 or its equivalent.]												
17. <input type="checkbox"/> Other: []													
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 9] 5. Oath or Declaration [Total Sheets 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76													

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	24998		or <input checked="" type="checkbox"/> Correspondence address below		
Name	DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Thomas J. D'Amico				
Address	2101 L Street NW				
City	Washington	State	DC	Zip Code	20037-1526
Country	US	Telephone	(202) 785-9700		Fax (202) 887-0689
Name (Print/Type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371		
Signature			Date	June 26, 2003	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2003

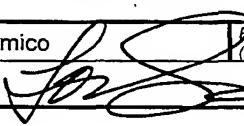
Effective 01/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 1,756.00

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Chandra Mouli
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	M4065.0669/P669

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																				
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number 04-1073					3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table>					Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid								
Large Entity	Small Entity																								
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																				
Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP The Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					1051 130 2051 65 Surcharge – late filing fee or oath 1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet. 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for ex parte reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month 1252 410 2252 205 Extension for reply within second month 1253 930 2253 465 Extension for reply within third month 1254 1,450 2254 725 Extension for reply within fourth month 1255 1,970 2255 985 Extension for reply within fifth month 1401 320 2401 160 Notice of Appeal 1402 320 2402 160 Filing a brief in support of an appeal 1403 280 2403 140 Request for oral hearing 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 110 2452 55 Petition to revive – unavoidable 1453 1,300 2453 650 Petition to revive - unintentional 1501 1,300 2501 650 Utility issue fee (or reissue) 1502 470 2502 235 Design issue fee 1503 630 2503 315 Plant issue fee 1460 130 1460 130 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR 1.17(q) 1806 180 1806 180 Submission of Information Disclosure Stmt 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 40.00 1809 750 2809 375 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 750 2810 375 For each additional invention to be examined (37 CFR 1.129(b)) 1801 750 2801 375 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify)																				
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table> 1001 750 2001 375 Utility filing fee 750.00 1002 330 2002 165 Design filing fee 1003 520 2003 260 Plant filing fee 1004 750 2004 375 Reissue filing fee 1005 160 2005 80 Provisional filing fee					Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	SUBTOTAL (1) (\$) 750.00												
Large Entity	Small Entity																								
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>41</td> <td>-20** = 21</td> <td>x 18.00</td> <td>= 378.00</td> </tr> <tr> <td>Independent Claims 10</td> <td>-3** = 7</td> <td>x 84.00</td> <td>= 588.00</td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td>=</td> </tr> </tbody> </table>					Total Claims	Extra Claims	Fee from below	Fee Paid	41	-20** = 21	x 18.00	= 378.00	Independent Claims 10	-3** = 7	x 84.00	= 588.00	Multiple Dependent			=	SUBTOTAL (2) (\$) 966.00				
Total Claims	Extra Claims	Fee from below	Fee Paid																						
41	-20** = 21	x 18.00	= 378.00																						
Independent Claims 10	-3** = 7	x 84.00	= 588.00																						
Multiple Dependent			=																						
** or number previously paid, if greater; For Reissues, see above																									
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 40.00																									

SUBMITTED BY						Complete if applicable	
Name (Print/Type)	Thomas J. D'Amico		Registration No. (Attorney/Agent)	28, 371	Telephone	(202) 777-2573	
Signature			Date	June 26, 2003			